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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/241,100 01/29/1999 PAT 6,558,952 *AA*  
 which is a CIP of 09/127,028 07/30/1998 PAT 6,288,301  
 which is a CON of 07/992,255 12/14/1992 PAT 5,885,956

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/29/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 6
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TITLE  
 Treatment for diabetes

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
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